

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/021,126-Conf. #7268
	Filing Date	December 12, 2001
	First Named Inventor	Connie Sanchez
	Art Unit	1614
	Examiner Name	F. F. Krass
	Attorney Docket No.	05432/000J951-US0

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number: 

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 25,351
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

 Typed or Printed  
Name

S. Peter Ludwig

Date 09/07/2007

Telephone (212) 527-7770

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_ (S. Peter Ludwig)